



# Office of Accessibility Resources

## Emotional Support Animal, Emergency Contact Information

In the event of an emergency in which I, the owner, am unable to care for my approved ESA, the contact person below will be responsible for the care of my ESA (all information is required to be completed-please print). A current university student or university personnel (unless university personnel are the parents/guardians of the student) are not appropriate choices for an emergency contact.

By signing this agreement, I agree to immediately pick-up and care for the ESA until the owner is able to resume care.

### Contact #1

Name:		Relationship to Owner:	
Phone:		Email:	

Signature:	
------------	--

### Contact #2

Name:		Relationship to Owner:	
Phone:		Email:	

Signature:	
------------	--

After this page is received by the Office of Accessibility Resources, our staff will reach out to the individuals listed to verify their contact information. In the event that any of the contact information for these individuals changes, please be sure to reach out to our office to update the information. If the individuals above are not able to be reached, I understand that the University may seek alternative arrangements to place the animal in care of a professional agency at my expense.

Signature of Staff Verification: \_\_\_\_\_ Date: \_\_\_\_\_